Coordinating health & health care for a thriving Kansas



Health Reform Recommendations for Kansas

Prepared by the KHPA Board for the 2008 Legislative Session



The Purpose of Health Reform

 To improve the health of Kansans – not just health insurance or health care

 but the health of our children, our families, and our communities.



Creation of the KHPA

- KHPA created in 2005 Legislative Session
- KHPA is a state agency
 - Coordinating health and health care for a thriving Kansas.
 - Streamlined purchasing and policy decisions assimilated from other state agencies.
 - Executive Director reports to an independent nine-member Board.



KHPA Board

- Purpose: Provide independent oversight and policymaking decisions for the management and operations of KHPA.
- Board Structure:
 - Nine voting members appointed by the Governor and House and Senate leadership
 - Seven non-voting (ex-officio) members
 - Secretaries of State Departments: Health & Environment (including Director of Health), Social & Rehabilitation Services, Administration, Aging
 - Insurance Commissioner
 - Executive Director of KHPA



KHPA Mission

"To develop and maintain a coordinated health policy agenda that combines the effective purchasing and administration of health care with promotion oriented public health strategies."



KHPA Vision Principles

- Access to Care
- Quality and Efficiency in Health Care
- Affordable and Sustainable Health Care
- Promoting Health and Wellness
- Stewardship
- Education and Engagement of the Public



Moving Towards Health Reform in 2007

- Legislators tasked KHPA with addressing ways to improve health care access and the general health of all Kansans (SB 11)
- In response, KHPA:
 - Formed Health for All Kansans Steering Committee
 - Formed health reform Advisory Councils
 - Held 22-city Listening Tour on health reform
- KHPA Board delivered health reform options to Kansas legislature on November 1
 - see slides 27-40 to view health reform options



Health for All Kansans Steering Committee

 Purpose: To build a consensus between KHPA Board and Legislators around health reform options to be considered by Legislators.

Committee Structure:

- KHPA Board members
- Kansas Legislators



KHPA Advisory Councils

 Purpose: Assist the KHPA Board and Steering Committee with the development of health reform recommendations.

Council Structure:

- Health Care Consumers
- Health Care Providers
- Health Care Purchasers
 - (e.g., Insurers, Businesses)



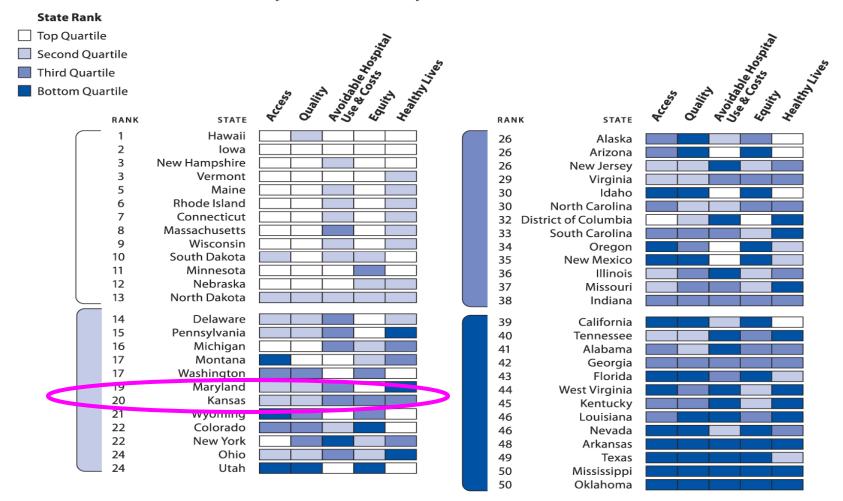
Identifying the Issues

Problems in the health and health care system in Kansas



Health of Kansas: Room for Improvement

State Scorecard Summary of Health System Performance Across Dimensions

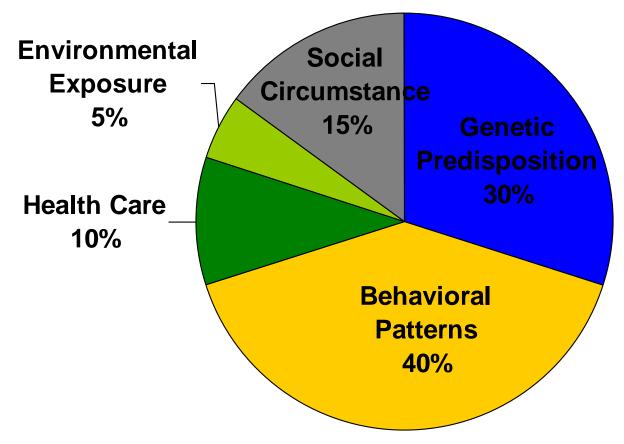




What's Making Us Sick?

What impacts our "Health Status?"

Proportional Contribution to Premature Death



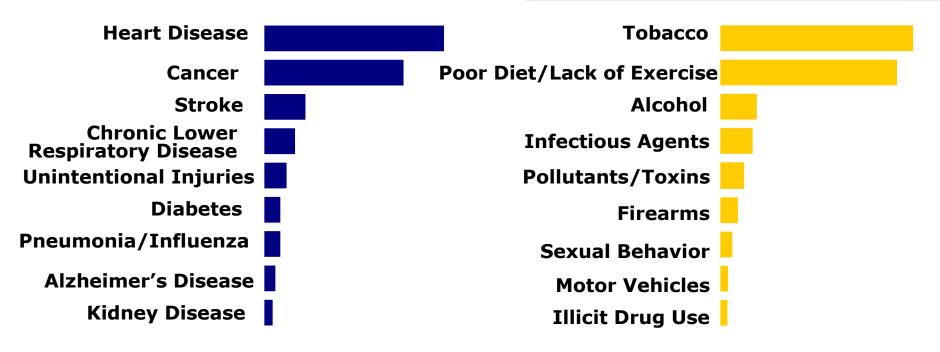
Source: Schroeder SA. N Engl J Med 2007;357:1221-1228



What impacts our mortality?



Actual Causes of Death[†]



Percentage (of all deaths)

Percentage (of all deaths)

National Center for Health Statistics. Mortality Report. Hyattsville, MD: US Department of Health and Human Services; 2002

[†] Adapted from McGinnis Foege, updated by Mokdad et. al.



Poor Health = High Costs

Rise in Health Care Costs

- 75% of spending associated with chronically ill (CDC, Chronic Disease Overview, 2005)
- Nearly 2/3 of rise in spending associated with increases in chronic diseases (The Rise in Health Care Spending and What to Do About It, *Health Affairs* 2005)
- Nearly 30% of cost increase associated with rising obesity rates, which nearly doubled over past 20 years (The Impact of Obesity on Rising Medical Spending, Health Affairs 2004)

Preventive Care

Chronically ill only receive 56% of clinically recommended preventive care (The Quality of Health Care Delivered to Adults in the U.S., NEJM 2003)



Cost of Tobacco in Kansas

- Causes 4,000 deaths annually in Kansas
- Costs \$930 million in health care costs yearly; \$196 million in Medicaid program alone
- Costs average Kansan \$582 annually in taxes
- Majority (64%) of Kansas adults support an increase in tobacco user fee (Sunflower Foundation Poll, 2007)



Impact of Secondhand Smoke

- Smoking is the #1 preventable cause of death in Kansas
- In US, 126 million nonsmokers are exposed to secondhand smoke
- Children most at risk; 60% of children ages 3-11 are exposed to secondhand smoke (United States)
- In Kansas, 28% of workers are not protected by worksite nonsmoking policies



Tobacco Use in Kansas

Adolescents

- 6% of Kansas middle school students smoke
- 21% of Kansas high school students smoke daily; 15% use smokeless tobacco

Adults

20% of Kansas adults are current smokers



HPA Obesity and Nutrition among Kansas Adults

- 2 out of 3 Kansas adults are overweight (2006)
 - 36% of adults were overweight
 - 26% of adults were obese
- Nutrition in Kansas
 - 80% of Kansas adults do not consume the daily recommendation of 5 fruits and vegetables



Overweight Children and Inactivity in Kansas

- Nearly 1 in every 3 Kansas students are either overweight or at-risk for being overweight
- Around 4 of every 10 Kansas students are not meeting recommended levels of physical activity.

Source: 2004-2005 Kansas Child Health Assessment and Monitoring Project (K-CHAMP). Kansas Dept of Health and Environment; Office of Health Promotion. Accessed on October 9, 2007 at http://www.kdheks.gov/bhp/kchamp/data.html.

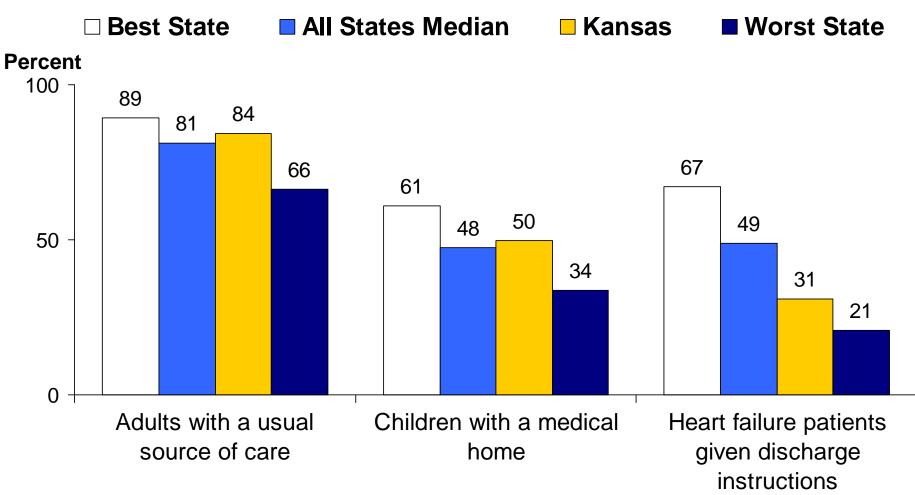


Our Health Care System – Where Can We Improve?



Coordination of Care

STATE VARIATIONS

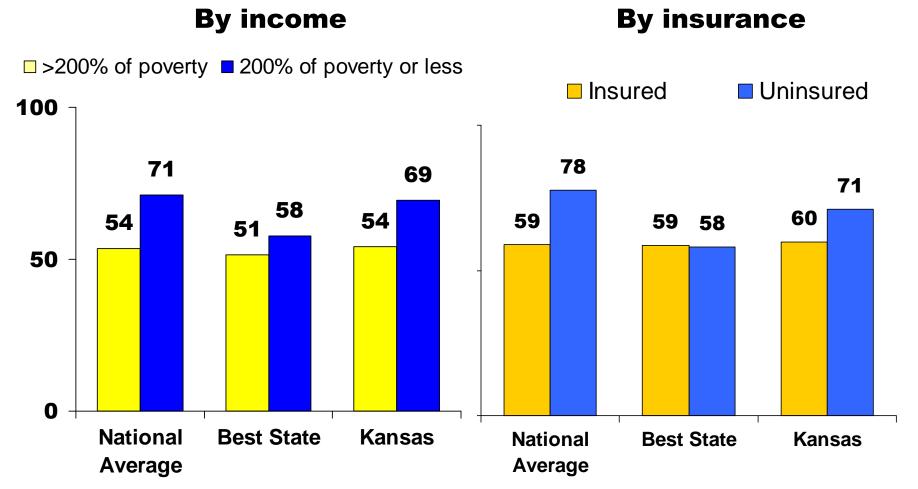


DATA: Adult usual source of care – 2002/2004 BRFSS; Child medical home – 2003 National Survey of Children's Health; Heart failure discharge instructions – 2004-2005 CMS Hospital Compare SOURCE: Commonwealth Fund State Scorecard on Health System Performance, 2007



Preventive Care

Percent of adults age 50+ who did NOT receive recommended preventive care

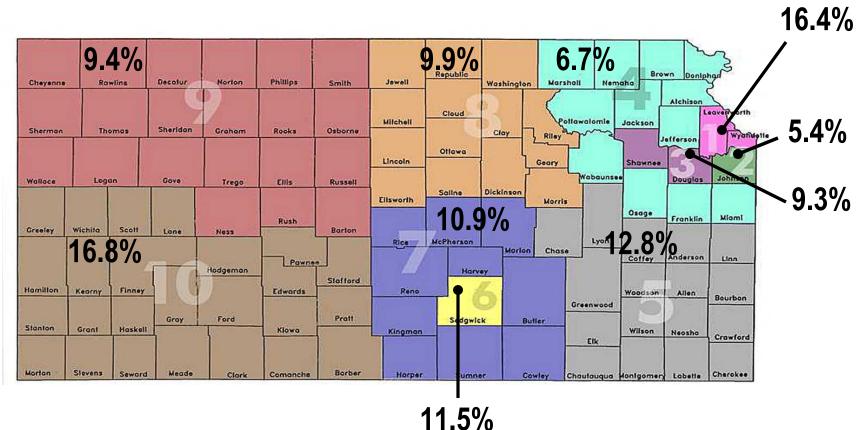


Note: Best state refers to state with smallest gap between national average and low income/uninsured. DATA: 2002/2004 BRFSS. SOURCE: Commonwealth Fund State Scorecard on Health System Performance, 2007



The Uninsured

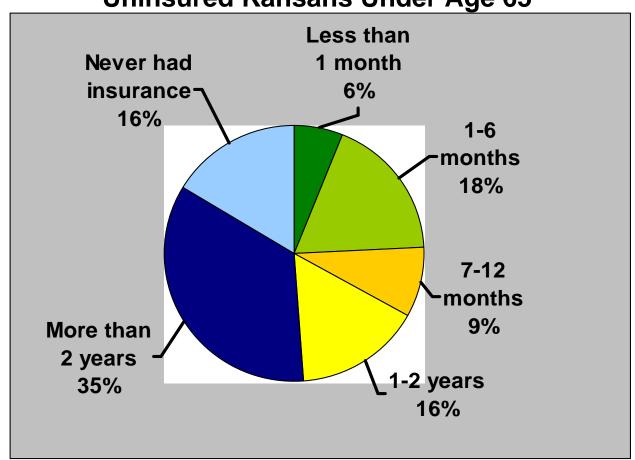
Total Uninsured in Kansas: 10.5%



Most uninsured Kansans are uninsured for more than a year.

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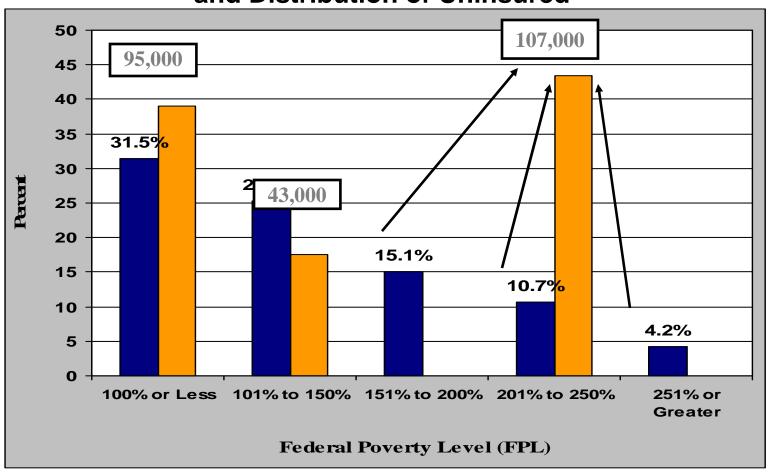
Length of Time Without Health Coverage: Uninsured Kansans Under Age 65





Lower Income = More Uninsured

Uninsured Kansans under Age 65 by Income and Distribution of Uninsured





Health Reform Recommendations

Submitted by the KHPA Board to the Governor and Legislature on November 1, 2007



KHPA Reform Priorities

- Promoting personal responsibility (P1)
 - Responsible health behaviors
 - Informed purchase of health care services
 - Contributing to the cost of health insurance, based on ability to pay the cost of health insurance, based on ability to pay
- Prevention and medical homes (P2)
 - Focus on obesity, tobacco control, chronic disease management and incentives for primary care medical homes
- Providing and protecting affordable health insurance (P3)
 - Focus on small businesses, children, and the uninsured



Priorities:

Systems Reform and Better Health

Transforming Medical Care

Improving Public Health

Expanding Affordable Insurance

- Transparency project: health care cost and quality
- Health literacy
- Medical home definition
- Medicaid provider reimbursement
- •Community Health Record (HIE)
- Form standardization

- •Increase tobacco user fee
- Statewide smoking ban
- Partner with community organizations
- Education Commissioner
- Collect fitness data in schools
- Promote healthy foods in schools
- Increase physical fitness
- •Wellness for small businesses
- •Healthier food for state employees
- Dental care for pregnant women
- Tobacco cessation in Medicaid
- Expand cancer screening

- •Aggressive outreach and enrollment of eligible children (target population: 20,000)
- •Premium assistance for low income adults without children (target population: 39,000)
- •Small business initiatives (target population: 15,000 young adults and 12,000 employees of small businesses)



Promoting Personal Responsibility



Personal Responsibility Policy Options (P1)

Improve Health Behaviors

- Encourage healthy behaviors by individuals, in families, communities, schools, and workplaces
- Policies listed under P2 pay for prevention

Informed Use of Health Services

- Transparency for consumers health care cost & quality transparency project
- Promote Health Literacy
- Shared Financial Contributions for the cost of health care
 - Policies listed under P3



Promoting Medical Homes



Medical Home Policy Options (P2)

Promote "Medical Home" Model of Care

- Define medical home
- Increase Medicaid provider reimbursement for prevention/primary care
- Implement statewide Community Health Record
- Promote insurance card standardization



Paying for Prevention:

Families, Communities, Schools, and Workplaces



Paying for Prevention Policy Options (P2)

Healthy Behaviors in Families & Communities:

- Increase tobacco user fee
- Statewide smoking ban in public places
- Partner with community organizations

Healthy Behaviors in Schools:

- Include Commissioner of Education on KHPA Board
- Collect information on health/fitness of Kansas school children
- Promote healthy food choices in schools
- Increase physical education



Healthy Behaviors in Workplaces:

- Wellness grant program for small businesses
- Healthier food options for state employees

Additional Prevention Options:

- Provide dental care for pregnant women
- Improve tobacco cessation within Medicaid
- Expand cancer screenings



Providing and Protecting Affordable Health Insurance



Providing & Protecting Affordable Health Insurance Policy Options (P3)

Three Targeted Initiatives:

- Increase private insurance coverage for lowincome Kansans through premium assistance program expansion: Kansas Healthy Choices
- Improve access to coverage for Kansas children, with specific targets for enrollment
- Increase affordable coverage for solo business owners and other small businesses



Small Businesses:

Policy Options to Increase Affordable Coverage

- Encourage utilization of Section 125 Plans
- Develop a "Voluntary Health Insurance Clearinghouse"
- Define small group market and provide reinsurance: obtain grant funding for further analysis
- Young Adult Policies dependent coverage extension through age 25 and development of targeted young adult insurance products
- Pilot projects support grant program in the Kansas Dept of Commerce for small business health insurance innovations



Financing Health Reform

- Fifty cent increase in tobacco user fee
 - Estimate of \$69.7 million annually
- Increased federal matching dollars
- Hidden tax in Kansas cost shifting
 - As much as 7%
- Cost containment built into majority of proposals



What Can I Do?



Get Informed

- Follow the discussion and access health reform reports through the KHPA website www.khpa.ks.gov
- Sign up for the KHPA Legislative Pulse http://www.khpa.ks.gov/HealthReformHome.htm
- Sign up for news alerts at the Kansas
 Health Institute (KHI) website www.khi.org



Get Active

- Contact your local legislators directly, www.kslegislature.org, and share your expertise, be specific. Call, write a letter, or ask for a meeting.
- Consider writing letters to the editors from your perspective.
- Join organizations working for change and become a member of their legislative committees.
- Encourage your organization to support health reform in Kansas; send a letter to legislative leadership and the Governor letting them know what you support.
- If no organization supports your view, form a new organization!



"A small group of thoughtful people could change the world. Indeed, it's the only thing that ever has."

-- Margaret Mead



Contact the KHPA for more information on health reform: (785) 296-3981

www.khpa.ks.gov